

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042498

FILED
Apr 22, 2009
Secretary of State

Entity Name: OCALA SQUARE ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

3631 NE 8TH PLACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

9528 SHADOW LANE
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 20-3926697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUILLERAT, DANA K DR.
9528 SHADOW LANE
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JUILLERAT, DANA K DR.
Address: 9528 SHADOW LANE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: JUILLERAT, DANA K DR.
Address: 9528 SHADOW LANE
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DALA KALE JUILLERAT

OWNE

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date